BEST AVAILABLE COPY Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE **SMALL ENTITY** OR NUMBER FILED **NUMBER EXTRA** RATE FEE **RATE** FEE **BASIC FEE** 345.00 690.00 OR **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= 05 OR INDEPENDENT CLAIMS minus 3 = X39 =X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL **AFTER** RATE RATE TIONAL - 1 **PREVIOUSLY EXTRA AMENDMENT** PAID FOR **FEE** FEE Minus X\$ 9= X\$18= 504.0s 6 OR Independent Minus X39= X78= 312.00 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE 86.00 ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL **AFTER PREVIOUSLY RATE EXTRA** AMENDMENT PAID FOR FEE FEE Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AFTER PREVIOUSLY** RATE TIONAL RATE TIONAL **EXTRA** 4 AMENDMEN!T PAID FOR FEE FEE Minus X\$ 9= X\$18= OR Independent Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**FOR** 

**AMENDMEN** 

**AMENDMENT** 

AMENDMENT

Total

Total

Total

OR

OR

OR

X78=

+260=

ADDIT, FEE

TOTAL

X39 =

+130=

ADDIT. FEE

TOTAL

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: _	09/499031
	, — <del>—</del>

- Total Fee Calculation									
		Fre Code	Total . # Claims	Number Extra	Х	ī:e:	Fee	=	Total
		SmÆg.				Sm. Entiry	Lg. Entity		
Bwic Filing	Fee	201/101				·	690		690
Total Claims	>20	203/103	26 .20=	6	х	<del></del>	18	- \	108
Independent	Claims >3	202/102		•	Х		78	1	
Mult Dep Cl	laim Present	204/104					<u> 75</u>		576
Swcharge		205/105	· .					=	120
English Trans	slztion	139						<b>-</b>	<u>130</u>
TOTAL FEE	CALCULA	. NOIT.					٠.	· .	<u>'084</u> '
Fees due up	on filing t	oc application:					•		
Total Filing	Fees Due	=	1084	رن	_				
Less Filing	Fees Subm	ined - \$			_				
BALANCE	DUE	= 2	1084	·00	-			•	
Office of (lnis	bolde vial Pareon	<u>Darle</u> Examination							